

FIRE INSPECTION

FIRE ALARM PREVENTIVE MAINTENANCE REPORT

CUSTOMER NAME: DIVISION OF YOUTH SERVICES INSPECTION DATE: 11.30.05  
BUILDING ADDRESS: P.O. BOX 501000 INSPECTION FOR MONTH OF: NOVEMBER 2005  
CONTACT PERSON: CHALAN KANOA, SAIPAN MP 96950 CONTRACT EXPIRATION DATE: MC-2005-15  
TELEPHONE NUMBER: VICTOR MESA CONTRACT NUMBER: MARCH 22,2006  
CONTRACT REQUIRES INSPECTION: MONTHLY [ ] QUARTERLY [x] SEMI-ANNUALLY [ ] ANNUALLY [ ]

DEVICES OR APPLIANCES	PERIODIC TEST PER NFPA 72H (INDIVIDUAL DEVICE)	COMMENTS	CURRENT INSPECTION		
			NOT TESTED	TESTED SATISFACTORY	* TESTED DEFICIENT (SEE BELOW)
FIRE ALARM PANEL	QUARTERLY		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRIMARY/SECONDARY POWER SUPPLIES	QUARTERLY		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BATTERY SEALED LEAD ACID	ANNUALLY		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REMOTE ANNUNCIATOR	ANNUALLY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AUDIBLE AND VISIBLE TROUBLE SIGNALS	ANNUALLY		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ZONE DISCONNECT SWITCHES, TROUBLE SIGNAL	ANNUALLY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GROUND FAULT MONITORING CIRCUIT	ANNUALLY		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MANUAL STATIONS	SEMI-ANNUALLY		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HEAT DETECTORS	SEMI-ANNUALLY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMOKE DETECTORS	ANNUALLY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLAME, BEAM AND OTHER DETECTORS	SEMI-ANNUALLY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER FLOW ALARM SWITCHES	SEMI-ANNUALLY		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TAMPER SWITCH	SEMI-ANNUALLY		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUPERVISORY SIGNAL DEVICES	QUARTERLY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AUDIBLE, BELLS, HORNS OR OTHERS	ANNUALLY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VISUAL DEVICES	ANNUALLY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY EVACUATION CONTROL PANELS	ANNUALLY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPEAKERS/VOICE ALARM	ANNUALLY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TELEPHONE (TWO-WAY)	ANNUALLY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTINGUISHING SYSTEM ALARM SWITCHES	ANNUALLY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* INSPECTION/TEST REPORT IS BASED ON NFPA GUIDLINES SET FOURTH IN NFPA 72, WHEN LESS THAN 100% TEST IS BEING PERFORMED. A CLOSE RECORD SHALL BE MAINTAINED OF THE INDIVIDUAL INITIATING DEVICES AND INDICATING APPLIANCES TESTED EACH TIME TO AVOID SAME DEVICE BEING TESTED ON SUBSEQUENT TESTS.

PER / LOCATION / ADDRESS OF PERIPHERAL DEVICES TESTED THIS INSPECTION:  
1. Tested manual pull-stations on all areas. Also, cleared devices.  
2. Tested water flow/Tamper switches for sprinkler systems.  
3. Visually inspected initiating/indicating devices for wear and mounting.  
4. Tested main panel for proper outputs, charging voltages, and backup batteries.  
5. Tested booster panel in control room for proper voltages, ground fault, open fault, and backup battery supply.  
\* DEFICIENCIES:  
\* Panel is "NORMAL CONDITION". No deficiencies found for this inspection.

Brian M. Calvo  
TECHNICIAN'S NAME  
Signature: Brian M. Calvo DATE: 11.30.05  
CUSTOMER NAME  
Signature: [Signature] DATE: 11.30.05

109 East Harmon Industrial Park Road, Tamuning, Guam 96913  
Telephone: (671) 646-6461/62/81 • Facsimile: (671) 649-0483

CUSTOMER NAME: Kagman Juvenile Center  
ADDRESS: \_\_\_\_\_

CONTACT PERSON: Victor Mista / Floyd Masqa  
TELEPHONE: 256-255-31 / 256-255-31

☐ WARRANTY

☐ NON WARRANTY

☐ CONTRACT/PROJECT \_\_\_\_\_

☐ OTHER \_\_\_\_\_

JOB NAME / LOCATION: Kayman Juvenile Detention Facility ☐ OTHER \_\_\_\_\_  
SERVICE/SALES CODE: \_\_\_\_\_

REASON SERVICE REQUIRED: \_\_\_\_\_

PROBLEM FOUND: NO EXTRA WORK PERFORMED

ACTIONS TAKEN: \_\_\_\_\_

QTY	MATERIAL USED		UNIT	AMOUNT	
			MATERIAL TOTAL	\$	
DATE	TECHNICIAN	ARRIVAL/DEPARTURE	HRS	RATE	AMOUNT
11-30-05	Brian C.		/		
			LABOR TOTAL	\$	
			TOTAL AMOUNT LABOR AND MATERIAL	\$	N/C

I/ We hereby authorize the above work to be done along with the necessary materials and grant Phoenix Pacific, Inc., or its employees permission to test and/or operate the unit to be worked on. An express mechanic's lien is hereby acknowledged to secure payment for the work performed. Payment is due upon completion of work if no prior arrangement have been cleared by Phoenix Pacific, Inc., for credit. I/ We agree to pay later fees at the rate of 1-1/2% per month on all accounts remaining unpaid after the due date, plus attorney's fees if collection proceedings are instituted.

CUSTOMER'S SIGNATURE [Signature] PRINT NAME G. Uyar DATE 11-30-08

**Phoenix Pacific (Guam), Inc.**  
*System Integrators*

109 East Harmon Industrial Park Road Tamuning, Guam 96913  
Telephone: (671) 646-6461/2, 646-6481 • Fax: (671) 649-0483  
Email: service@phoenixguam.com

**KAGMAN JUVENILE DETENTION FACILITY (REG. MAINT.)**

**\$980.00**

**CLIENT#**

**JOB#57122**

**FIRE ALARM PREVENTIVE MAINTENANCE REPORT**  
**DIVISION OF YOUTH SERVICES**

CUSTOMER NAME: P.O. BOX 501000 INSPECTION DATE: 9-30-05  
BUILDING ADDRESS: CHALAN KANOA, SAIPAN MP 96950 INSPECTION FOR MONTH OF: SEPT. 2005  
CONTACT PERSON: VICTOR MESA CONTRACT EXPIRATION DATE: MC-2005-15  
TELEPHONE NUMBER: \_\_\_\_\_ CONTRACT NUMBER: JUNE 29, 2005  
CONTRACT REQUIRES INSPECTION: MONTHLY ☒ QUARTERLY ☐ SEMI-ANNUALLY ☐ ANNUALLY ☐

DEVICES OR APPLIANCES	PERIODIC TEST PER NFPA 72H (INDIVIDUAL DEVICE)	COMMENTS	CURRENT INSPECTION		
			NOT TESTED	TESTED SATISFACTORY	* TESTED DEFICIENT (SEE BELOW)
FIRE ALARM PANEL	QUARTERLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRIMARY/SECONDARY POWER SUPPLIES	QUARTERLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BATTERY SEALED LEAD ACID	ANNUALLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REMOTE ANNUNCIATOR	ANNUALLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AUDIBLE AND VISIBLE TROUBLE SIGNALS	ANNUALLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ZONE DISCONNECT SWITCHES, TROUBLE SIGNAL	ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GROUND FAULT MONITORING CIRCUIT	ANNUALLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MANUAL STATIONS	SEMI-ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT DETECTORS	SEMI-ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMOKE DETECTORS	ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLAME, BEAM AND OTHER DETECTORS	SEMI-ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER FLOW ALARM SWITCHES	SEMI-ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAMPER SWITCH	SEMI-ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISORY SIGNAL DEVICES	QUARTERLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AUDIBLE, BELLS, HORNS OR OTHERS	ANNUALLY	<u>activated</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VISUAL DEVICES	ANNUALLY	<u>activated</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMERGENCY EVACUATION CONTROL PANELS	ANNUALLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SPEAKERS/VOICE ALARM	ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TELEPHONE (TWO-WAY)	ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTINGUISHING SYSTEM ALARM SWITCHES	ANNUALLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* INSPECTION/TEST REPORT IS BASED ON NFPA GUIDLINES SET FORTH IN NFPA 72, WHEN LESS THAN 100% TEST IS BEING PERFORMED. A CLOSE RECORD SHALL BE MAINTAINED OF THE INDIVIDUAL INITIATING DEVICES AND INDICATING APPLIANCES TESTED EACH TIME TO AVOID SAME DEVICE BEING TESTED ON SUBSEQUENT TESTS.

TEST / LOCATION / ADDRESS OF PERIPHERAL DEVICES TESTED THIS INSPECTION:

1. Tested fire panel in full activation. Verified operation of horn/strobes.
2. Visually inspected initiating devices for most part of area.
3. Verified communication between annunciators. (See below)
4. Trouble shooted ground fault on loop line. Found ground fault @ duct detector supply on AHU unit for Housing B. Panel is in Normal state.

\* DEFICIENCIES: 1) Need to check controls for annunciators due to reason that annunciators are not capable of panel silencing when in "trouble" state.

Brian M. Calvo

TECHNICIAN'S NAME

Brian M. Calvo 9-30-05

SIGNATURE

DATE

CUSTOMER NAME

X / Muriya 9/30/05

SIGNATURE

DATE

CUSTOMER HEREBY ACKNOWLEDGE RECEIPT OF REPORT AND GIVES CONSENT TO MAKE THE NECESSARY QUOTATION AS NOTED IN TECHNICIAN'S NOTES.

**Phoenix**  
**Pacific (Guam), Inc.**  
*System Integrators*

109 East Harmon Industrial Park Road, Tamuning, Guam 96913  
Telephone: (671) 646-6461/62/81 • Facsimile: (671) 649-0483

W.O. 1015

## WORK ORDER

CUSTOMER NAME: DIVISION of Youth Services  
ADDRESS: P.O. BOX 501000  
CHALAN KANDA, SAIPAN MP90950

DATE: 9-30-05

CONTACT PERSON: FLOYD MASGA  
TELEPHONE: 070-2510-2553 / 004-2550

## WARRANTY

☐ NON WARRANTY

☐ CONTRACT/PROJECT 57/22

☐ OTHER MC-2005-15 (Maint. Repairs)

JOB NAME / LOCATION: KAGMAN JUVENILE DETENTION FACILITY SERVICE/SALES CODE: 4002

REASON SERVICE REQUIRED: Repairs on fire panel - ground fault

PROBLEM FOUND: Found Duct Detector @ Housing B AHU supply duct  
line pinched against Duct Housing.

ACTIONS TAKEN: Properly secured wire normalizing system operations.

## MATERIAL AND LABOR RECORD

QTY	MATERIAL USED			UNIT	AMOUNT
- NONE -					
MATERIAL TOTAL					\$
DATE	TECHNICIAN	ARRIVAL/DEPARTURE	HRS	RATE	AMOUNT
9-30-05	Brian C.	9:00 AM - 12:00 PM (1 hour troubleshooting)	1	\$75.00	\$75.00
LABOR TOTAL					\$
TOTAL AMOUNT LABOR AND MATERIAL					\$ 75.00

**SERVICE AUTHORIZATION:**

I / We hereby authorize the above work to be done along with the necessary materials and grant Phoenix Pacific, Inc., or its employees permission to test and/or operate the unit to be worked on. An express mechanic's lien is hereby acknowledged to secure payment for the work performed. Payment is due upon completion of work if no prior arrangement have been cleared by Phoenix Pacific, Inc., for credit. I / We agree to pay later fees at the rate of 1-1/2% per month on all accounts remaining unpaid after the due date, plus attorney's fees if collection proceedings are instituted.

CUSTOMER'S SIGNATURE  PRINT NAME Kwa L. Crigey DATE 9/30/08

WHITE - Customer • GREEN - Chrono • YELLOW - File • PINK - Acctg • GOLD - Customer Service

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*System Integrators*

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Email: service@phoenixguam.com

**KAGMAN JUVENILE DETENTION FACILITY (REG. MAINT.)**

**\$980.00**

**CLIENT#**

**JOB#57122**

**FIRE ALARM PREVENTIVE MAINTENANCE REPORT**  
**DIVISION OF YOUTH SERVICES**

CUSTOMER NAME: P.O. BOX 501000 INSPECTION DATE: July 29, 2005  
BUILDING ADDRESS: CHALAN KANOA, SAIPAN MP 96950 INSPECTION FOR MONTH OF: JULY 2005  
CONTACT PERSON: VICTOR MESA CONTRACT EXPIRATION DATE: MC-2005-15  
TELEPHONE NUMBER: \_\_\_\_\_ CONTRACT NUMBER: JUNE 29, 2005  
CONTRACT REQUIRES INSPECTION: MONTHLY ☐ QUARTERLY ☐ SEMI-ANNUALLY ☐ ANNUALLY ☐

DEVICES OR APPLIANCES	PERIODIC TEST PER NFPA 72H (INDIVIDUAL DEVICE)	COMMENTS	CURRENT INSPECTION		
			NOT TESTED	TESTED SATISFACTORY	* TESTED DEFICIENT (SEE BELOW)
FIRE ALARM PANEL	QUARTERLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRIMARY/SECONDARY POWER SUPPLIES	QUARTERLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BATTERY SEALED LEAD ACID	ANNUALLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REMOTE ANNUNCIATOR	ANNUALLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AUDIBLE AND VISIBLE TROUBLE SIGNALS	ANNUALLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ZONE DISCONNECT SWITCHES, TROUBLE SIGNAL	ANNUALLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GROUND FAULT MONITORING CIRCUIT	ANNUALLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MANUAL STATIONS	SEMI-ANNUALLY	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HEAT DETECTORS	SEMI-ANNUALLY	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMOKE DETECTORS	ANNUALLY	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLAME, BEAM AND OTHER DETECTORS	SEMI-ANNUALLY	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER FLOW ALARM SWITCHES	SEMI-ANNUALLY	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAMPER SWITCH	SEMI-ANNUALLY	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISORY SIGNAL DEVICES	QUARTERLY	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AUDIBLE, BELLS, HORNS OR OTHERS	ANNUALLY	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VISUAL DEVICES	ANNUALLY	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY EVACUATION CONTROL PANELS	ANNUALLY	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPEAKERS/VOICE ALARM	ANNUALLY	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TELEPHONE (TWO-WAY)	ANNUALLY	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTINGUISHING SYSTEM ALARM SWITCHES	ANNUALLY	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**DE / LOCATION / ADDRESS OF PERIPHERAL DEVICES TESTED THIS INSPECTION:**

tested est-2 panel for proper operations and tested all manual pull stations.  
All tested OK according to manufacturer specs. EST-2 Fire panel is in  
trouble condition.

\* DEFICIENCIES: Est-2 Fire panel indicating active point "ground fault".  
Isolated ground fault within main fire panel located at control room.  
Ground fault is coming from loop #2, which is feeding Building  
"B" fire alarm devices. Isolated wires feeding Building "B" at main panel,  
found which homerun/wire is causing "ground fault". Need more time to troubleshoot.

Vince D.C. Castro  
TECHNICIAN'S NAME  
V-8 July 29, 2005  
SIGNATURE DATE

[Signature]  
CUSTOMER NAME  
Flynn 7/29/05  
SIGNATURE DATE

CUSTOMER HEREBY ACKNOWLEDGE RECEIPT OF REPORT AND GIVES CONSENT TO MAKE THE NECESSARY QUOTATION AS NOTED IN TECHNICIAN'S NOTES.

WHITE - Customer • GREEN - PPGI Chrono • YELLOW - PPGI File • PINK - PPGI Hono • GOLD - Customer Invoice